

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

STATE OF NEW HAMPSHIRE

DIVISION OF HEALTH PROFESSIONS

Board of Medicine

121 South Fruit Street, Suite 301

Concord, N.H. 03301-2412

Telephone 603-271-1203 · Fax 603-271-6702

PETER DANLES  
Executive Director

JOSEPH G. SHOEMAKER  
Division Director



**PHYSICIAN ASSISTANTS**

PLEASE COMPLETE AND RETURN TO THE BOARD OF MEDICINE AS  
SOON AS POSSIBLE IF YOU HAVE A CHANGE OF ADDRESS. **PLEASE PRINT.**  
THANK YOU.

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N.H. LICENSE NUMBER \_\_\_\_\_

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**PLEASE KEEP THIS OFFICE INFORMED OF ANY CHANGE IN NAME,  
ADDRESS, AND SUPERVISORS. THANK YOU.**